

Lamont Hunter  
PCT International Division  
(703) 305-0986

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						10/009792					
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3	1			1			53				
4		1					54				
5		1					55				
6			1				56				
7		1					57				
8			1				58				
9		1					59				
10		1					60				
11							61				
12							62				
13							63				
14							64				
15							65	*			
16							66				
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18							68				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			Q				TOTAL IND.				
TOTAL DEP.			B				TOTAL DEP.				
TOTAL CLAIMS			10				TOTAL CLAIMS				